

**Issue Classification**

THOMAS A BEACH 03/01/06  
(Assistant Examiner) (Date)

**Jennifer H. Gay**  
Primary Examiner (Date)

**Total Claims Allowed: 10**

**O.G.  
Print Claim(s)**

O.G.  
Print Fig.

1

2B

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		
	1			31			61			121		181
	2			32			62			122		182
	3			33			63			123		183
	4			34			64			124		184
	5			35			65			125		185
	6			36			66			126		186
	7			37			67			127		187
	8			38			68			128		188
	9			39			69			129		189
	10			40			70			130		190
	11			41			71			131		191
	12			42			72			132		192
	13			43			73			133		193
	14			44			74			134		194
	15			45			75			135		195
	16			46			76			136		196
	17			47			77			137		197
	18			48			78			138		198
	19			49			79			139		199
	20			50			80			140		200
	21			51			81			141		201
	22			52			82			142		202
	23			53			83			143		203
	24			54			84			144		204
	25			55			85			145		205
	26			56			86			146		206
	27			57			87			147		207
	28			58			88			148		208
	29			59			89			149		209
	30			60			90			150		210